

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** All Providers  
Managed Care Plans  
Regional Administrators  
CSO Administrators

**Memorandum No. 01-75 MAA**  
**Issued:** December 17, 2001

**For further information, call:**  
1-800-562-6188

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration (MAA)

**Supersedes: 00-72 MAA**

**Subject: Healthy Options, Basic Health Plus, PCCM, and CHIP – Year 2002 Updates**

**Effective for dates of service on or after January 1, 2002**, the following changes apply to Healthy Options (HO), Basic Health Plus (BH+), Primary Care Case Management (PCCM), and Children's Health Insurance Program (CHIP) members.

## **Year 2002 Changes**

### **Healthy Options**

- **Contracting Plan Changes:** Regence Blue Shield is a new Healthy Options plan. Northwest Washington Medical Bureau is no longer a Healthy Options plan in 2002 as it was purchased by Regence Blue Shield.
- **County Changes:** The plans available in a number of counties have changed in 2002. See Attachment I for details about service areas. **Note:** Some plans are accepting members only in certain areas of a county. Healthy Options plans will have limits on the number of members they will accept in each county. Consequently, the availability of plans in an area may change during the year. Please call the plans and/or check <https://www2.wa.gov/dshs/maa/HealthyOptions> for the latest information.
- Asotin County will be fee-for-service (FFS) only. Clients may go to any Medical Assistance provider who accepts Medical Assistance's fee-for-service reimbursement.
- In the following 12 counties, enrollment will be voluntary for Healthy Options:

Clallam  
Jefferson  
Snohomish

Columbia  
Kittitas  
Thurston

Garfield  
Klickitat  
Wahkiakum

Grays Harbor  
Pacific  
Whitman



**Note:** These counties may change during the year, depending on plans' availability (check the website listed above for the latest information).

In counties where enrollment is voluntary, Healthy Options-eligible clients can either enroll in plan(s) in the counties that are accepting new clients, or the clients can choose FFS. FFS means that clients, at no cost to themselves, can receive covered services from any provider who accepts Medical Assistance's fee-for-service reimbursement. The provider must bill the Medical Assistance Administration (MAA) directly. MAA will not automatically assign clients to a plan who do not choose a plan voluntarily. These clients will be FFS.

- Beginning in January, clients who have private health insurance (Third Party Liability) similar to Medical Assistance's fee-for-service will no longer be enrolled in Healthy Options. Clients currently enrolled will be taken out of Healthy Options if private health insurance is verified by MAA. Clients must report any changes in private insurance to MAA as soon as possible by calling 1-800-562-6136.
- Foster children are now taken out of Healthy Options effective the month they are placed in a licensed foster home. Providers may bill MAA for these children on a fee-for-service basis. **Note:** Children placed with relatives do not qualify for a disenrollment from Healthy Options unless the relatives are licensed foster care providers.

## Basic Health Plus

See Attachment I for details about service areas and managed care plans.

## Children's Health Insurance Program (CHIP)

- The same plans serving Healthy Options clients will also serve CHIP clients.
- All changes that affect Healthy Options clients in 2002 will also affect CHIP clients.
- When there is only one managed care plan choice in a county, CHIP-eligible clients may choose to be FFS or enroll in managed care.
- In counties where there are at least two "open" (meaning there are providers available to accept patients) managed care plans, enrollment into one of the plans is mandatory.
- **Effective January 1, 2002, CHIP clients will no longer be required to pay copayments to providers.** CHIP clients will still be required to pay monthly premiums to MAA.

If you have questions about the CHIP program, you may contact Diane Kessel at (360) 725-1715 or by email at [kessedc@dshs.wa.gov](mailto:kessedc@dshs.wa.gov).

## **Primary Care Case Management (PCCM)**

**There are no changes in the primary care case management program at this time.** Currently, American Indian/Alaskan Native clients enrolled with PCCMs have “PCCM” listed in the HMO column on their DSHS Medical Identification card. Providers must contact the PCCM prior to providing nonemergent services. The name and telephone number of the PCCM is located in the bottom right-hand corner of the client’s Medical Identification card.

MAA is planning to expand PCCM into some counties with inadequate plan capacity. The new program will be called Washington State Health Network. Please stay alert for notices about provider meetings to introduce the Washington State Health Network.

To obtain this memorandum and the attachments electronically, go to MAA’s website at:  
**<https://maa.dshs.wa.gov>.**

For more information on HO, BH+, and CHIP providers, see <http://maa.dshs.wa.gov/ipndweb/>.

Attachment I - Carrier List

Attachment II - List of Program Managers